

**Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138**

## BAYFIELD COUNTY, WISCONSIN

RECEIVED  
JUL 13 2016  
Bayfield Co. Zoning Dept.

**1**

|              |          |
|--------------|----------|
| Permit #:    | 16-02165 |
| Date:        | 8-22-16  |
| Amount Paid: | \$185.   |

**DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT**

**DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT**

|  |  |  |                                   |                                |  |                                      |  |                                 |
|--|--|--|-----------------------------------|--------------------------------|--|--------------------------------------|--|---------------------------------|
| TYPE OF PERMIT REQUESTED →   |  | <input type="checkbox"/> LAND USE      | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE                         | <input type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A.                                      | <input type="checkbox"/> OTHER  |
| Owner's Name:  |  | Jason Pauley                           |                                   |                                | Mailing Address: 68155 City Hwy H, #102                          |                                      | City/State/Zip: IRON RIVER, WI 54847                                 |                                 |
| Address of Property:   |  | IRON RIVER, WI 54847                   |                                   |                                | City/State/Zip: IRON RIVER, WI 54847                             |                                      | Telephone: none  |                                 |
| Contractor:  |  | IRON RIVER, WI 54847                   |                                   |                                | City/State/Zip: IRON RIVER, WI 54847                             |                                      | Cell Phone: 715-813-0414   |                                 |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))   |  | Agent Phone: 715-813-0414              |                                   |                                | Agent Mailing Address (Include City/State/Zip): 68155 City Hwy H |                                      | Plumber Phone: 715-292-4156  |                                 |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement) |                                   |                                | PIN: (23 digits) 04024-2-47-08-17-200-332-10000                  |                                      | Recorded Document: (i.e. Property Ownership) Volume 1154 Page(s) 915 |                                 |
| NE 1/4, SW 1/4   |  | Gov't Lot                              | 4                                 | Lot(s)                         | 12   | CSM                                  | Vol & Page   | Lot(s) No.                      |
| Section 17, Township 47 N, Range 8 W   |  | Town of: IRON RIVER                    |                                   |                                | Subdivision: Red Moon Estate                                     |                                      |  | Block(s) No.                    |
| Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? |  | If yes---continue →                    |                                   |                                | Distance Structure is from Shoreline: feet                       |                                      |  | Is Property in Floodplain Zone? |
| Is Property/Land within 1000 feet of Lake, Pond or Flowage   |  | If yes---continue →                    |                                   |                                | Distance Structure is from Shoreline: feet                       |                                      |  | Are Wetlands Present?           |
| <input type="checkbox"/> Non-Shoreland   |  |  |                                   |                                |  |                                      |  |                                 |

| Value at Time of Completion<br>* include donated time & material | Project  | # of Stories and/or basement                | Use  | # of bedrooms                            | What Type of Sewer/Sanitary System Is on the property?                                    | Water                          |
|--|--|---|--|--|---|--------------------------------|
| \$4,245  | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal              | <input type="checkbox"/> 1               | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City  |
|  | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2               | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input type="checkbox"/> Well  |
|  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input type="checkbox"/> _____                 | <input type="checkbox"/> 3               | <input type="checkbox"/> Sanitary (Exits) Specify Type: _____                             | <input type="checkbox"/> _____ |
|  | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> Basement           |  | <input type="checkbox"/> _____           | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |                                |
|  | <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/> No Basement        |  | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/ service contract)                                   |                                |
|  | <input type="checkbox"/> _____                       | <input type="checkbox"/> Foundation         |  |  | <input type="checkbox"/> Compost Toilet   |                                |
|  |  |   |  |  | <input checked="" type="checkbox"/> None  |                                |

|   |             |            |             |
|---|-------------|------------|-------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length:     | Width:     | Height:     |
| Proposed Construction:  | Length: 10' | Width: 20' | Height: 16' |

| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions  | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> | Principal Structure (first structure on property) <del>Structure</del> <i>habitation</i>   | ( 10 x 20 ) | 200            |
|   | <input checked="" type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.)  | ( X X )     |                |
|   |                                     | with Loft  | ( X )       |                |
|   |                                     | with a Porch   | ( X )       |                |
|   |                                     | with (2 <sup>nd</sup> ) Porch  | ( X )       |                |
|   |                                     | with a Deck  | ( X )       |                |
|   |                                     | with (2 <sup>nd</sup> ) Deck   | ( X )       |                |
|   |                                     | with Attached Garage   | ( X )       |                |
| <input type="checkbox"/> Commercial Use             | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )       |                |
|   | <input type="checkbox"/>            | Addition/Alteration (specify) _____  | ( X )       |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Accessory Building (specify) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____   | ( X )       |                |
|   |                                     |  |             |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )       |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_

Authorized Agent: Blaine Barber

(If you are signing on behalf of the owner(s), a letter of authorization must accompany this application.)

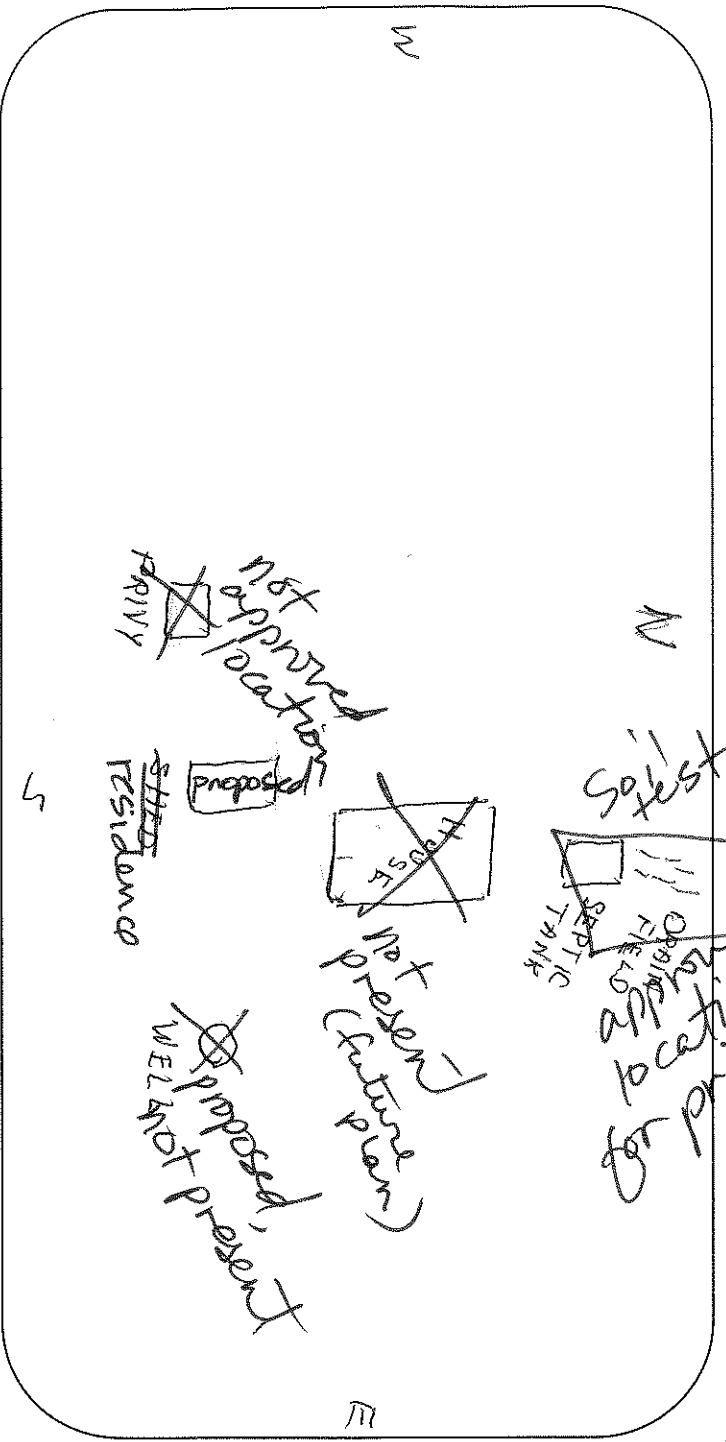
Address to send permit 68155 City & Hwy H, Rt, + van avenue, waco 76701

Attach  
Copy of Tax Statement  
Property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement   |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 61 Feet     | Setback from the Lake (ordinary high-water mark) | Feet  |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | Feet  |
| Setback from the North Lot Line             | 134 Feet    | Setback from the Bank or Bluff                   | Feet  |
| Setback from the South Lot Line             | 181 Feet    | Setback from Wetland                             | Feet  |
| Setback from the West Lot Line              | 235 Feet    | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 30 Feet     | Elevation of Floodplain                          | Feet  |
| Setback to Septic Tank or Holding Tank      | 40 Feet     | Setback to Well                                  | 40 Feet   |
| Setback to Drain Field                      | 30 Feet     |  |   |
| Setback to Privy (Portable, Composting)     | 90 Feet     |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|  |  |  |  |  |
|--|--|--|--|--|
| Issuance Information (County Use Only)                         |  | Sanitary Number:   | # of bedrooms:                           | Sanitary Date:                               |
| Permit Denied (Date):  |  | Reason for Denial:   |  |  |
| Permit #: 16000000   |  | Permit Date: 8-20-16   |  |  |
| Is Parcel a Sub-Standard Lot                                   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  | Mitigation Required                      |  |
| Is Parcel in Common Ownership                                  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  | Mitigation Attached                      |  |
| Is Structure Non-Conforming                                    |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  | Affidavit Required                       |  |
| Granted by Variance (B.O.A.)                                   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  | Affidavit Attached                       |  |
| Case #:  |  | Case #:  |  |  |
| Was Parcel Legally Created                                     |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                  | Were Property Lines Represented by Owner |  |
| Was Proposed Building Site Delineated                          |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                  | Was Property Surveyed                    |  |
| Inspection Record:   |  | Zoning District ( )  |  |  |
| that the agency present at inspection advised agent            |  | Lakes Classification ( )   |  |  |
| that the agency must be located within 500 feet of             |  | Date of Re-Inspection:   |  |  |
| Date of inspection: 7-25-16                                    |  | Inspected by: J. C. Murphy   |  |  |
| Conditions (Town, Committee or Board Conditions Attached)      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached) |  |  |
| REQUIRED: UDC PERMIT MUST BE OBTAINED. Boundary shown not      |  |  |  |  |
| HAVE RUNNERS/STAKE PRES SURVEYED WATER W/O CONNECTION          |  |  |  |  |
| APPROVED POINTS. PRIVY MUST BE LOCATED WITHIN AREA OF APPROVED |  |  |  |  |
| Signature of Inspector:  |  | Date of Approval: 8-1-16   |  |  |
| Hold For Sanitary: <input type="checkbox"/>                    |  | Hold For B.A. <input type="checkbox"/>   |  | Hold For Affidavit: <input type="checkbox"/> |
|  |  | Hold For Fees: <input type="checkbox"/>  |  | <input type="checkbox"/>                     |

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
JUL 22 2016

|              |         |
|--------------|---------|
| Permit #:    | 16-0973 |
| Date:        | 8-25-16 |
| Amount Paid: | \$100   |
| Refund:      |         |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

BAYFIELD CO. Zoning Dept.

|   |  |   |
|---|--|---|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |  |   |
| Owner's Name: <u>MATHEW + JENNIFER INRAEL</u>   | Mailing Address: <u>7605 HUERTIT AVE SUPERIOR, WI 54080</u>  | Telephone: _____  |
| Address of Property: <u>7915 W. HOOD LAKE DR.</u>   | City/State/Zip: <u>IRON RIVER, WI 54847</u>  | Cell Phone: <u>(218) 848-9174</u>   |
| Contractor: <u>N/A</u>  | Contractor Phone: <u>N/A</u>   | Plumber: <u>N/A</u>   |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>N/A</u>   | Agent Phone: <u>N/A</u>  | Agent Mailing Address (include City/State/Zip): <u>N/A</u>  |
| PROJECT LOCATION: <u>1/4, _____ 1/4</u>   | Legal Description: (Use Tax Statement) <u>04-024-2-47-08-18-4 05-002-0000</u>  | Recorded Document: (i.e. Property Ownership) <u>None Lake Estate</u>                                |
| Section <u>18</u> , Township <u>47</u> N, Range <u>08</u> W   | Town of: <u>IRON RIVER</u>   | Lot Size: <u>1.69</u> Acres   |
| <input checked="" type="checkbox"/> Shoreland →   | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u> | Distance Structure is from Shoreline: _____ feet  |
| <input type="checkbox"/> Non-Shoreland  | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage   | Distance Structure is from Shoreline: _____ feet  |
|   | If Yes--continue →   | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   |  | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No           |

|  |  |                                     |  |   |  |
|--|--|-------------------------------------|--|---|--|
| Value at Time of Completion<br>* include donated time & material<br><u>\$ 750.00</u> | Project<br># of Stories and/or basement        | Use                                 | # of bedrooms                                    | What Type of Sewer/Sanitary System Is on the property?                                    | Water                                    |
| <input type="checkbox"/> New Construction  | <input type="checkbox"/> 1-Story               | <input type="checkbox"/> Seasonal   | <input type="checkbox"/> 1                       | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
| <input type="checkbox"/> Addition/Alteration   | <input type="checkbox"/> 1-Story + Loft        | <input type="checkbox"/> Year Round | <input type="checkbox"/> 2                       | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Conversion  | <input type="checkbox"/> 2-Story               | <u>N/A</u>                          | <input type="checkbox"/> 3                       | <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>Sanitary</u>       | <input type="checkbox"/>                 |
| <input type="checkbox"/> Relocate (existing bldg)                                    | <input type="checkbox"/> Basement              |                                     | <input checked="" type="checkbox"/> <del>3</del> | <input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon) |  |
| <input type="checkbox"/> Run a Business on Property                                  | <input type="checkbox"/> No Basement           |                                     | <input type="checkbox"/> None                    | <input type="checkbox"/> Portable (w/service contract)                                    |  |
| <input checked="" type="checkbox"/> Stairs to Lake                                   | <input checked="" type="checkbox"/> Foundation |                                     |  | <input type="checkbox"/> Compost Toilet   |  |
|  |  |                                     |  | <input type="checkbox"/> None   |  |

|  |               |              |               |
|--|---------------|--------------|---------------|
| Existing Structure: (If permit being applied for is relevant to it) <u>N/A</u> | Length: _____ | Width: _____ | Height: _____ |
| Proposed Construction:   | Length: _____ | Width: _____ | Height: _____ |

|  |                                     |  |            |                |
|--|-------------------------------------|--|------------|----------------|
| Proposed Use   | ✓                                   | Proposed Structure   | Dimensions | Square Footage |
| <input type="checkbox"/> Principal Structure (first structure on property) | <input type="checkbox"/>            |  | ( X )      |                |
| <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)       | <input type="checkbox"/>            |  | ( X )      |                |
| <input checked="" type="checkbox"/> Residential Use                        | <input type="checkbox"/>            | with Loft  | ( X )      |                |
|  | <input type="checkbox"/>            | with a Porch   | ( X )      |                |
|  | <input type="checkbox"/>            | with (2 <sup>nd</sup> ) Porch  | ( X )      |                |
|  | <input type="checkbox"/>            | with a Deck  | ( X )      |                |
|  | <input type="checkbox"/>            | with (2 <sup>nd</sup> ) Deck   | ( X )      |                |
| <input type="checkbox"/> Commercial Use                                    | <input type="checkbox"/>            | with Attached Garage   | ( X )      |                |
|  | <input type="checkbox"/>            | Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities | ( X )      |                |
|  | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )      |                |
| <input type="checkbox"/> Municipal Use                                     | <input type="checkbox"/>            | Addition/Alteration (specify) _____  | ( X )      |                |
|  | <input type="checkbox"/>            | Accessory Building (specify) _____   | ( X )      |                |
|  | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____                                     | ( X )      |                |
| Rec'd for Issuance   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )      |                |
| AUG 25 2016  | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )      |                |
| Secretarial Staff  | <input checked="" type="checkbox"/> | Other: (explain) <u>Stairs to Lake within defined road corridor</u>                        | ( 4' X )   |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the data and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mathew Inrael / Jennifer Inrael

Date: 6/12/2016

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: N/A

Date: \_\_\_\_\_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 7605 HUERTIT AVE. SUPERIOR, WI 54080

If you recently purchased the property send your Recorded Deed

Attach

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look below: Draw or Sketch your Property (regardless of what you are applying for)

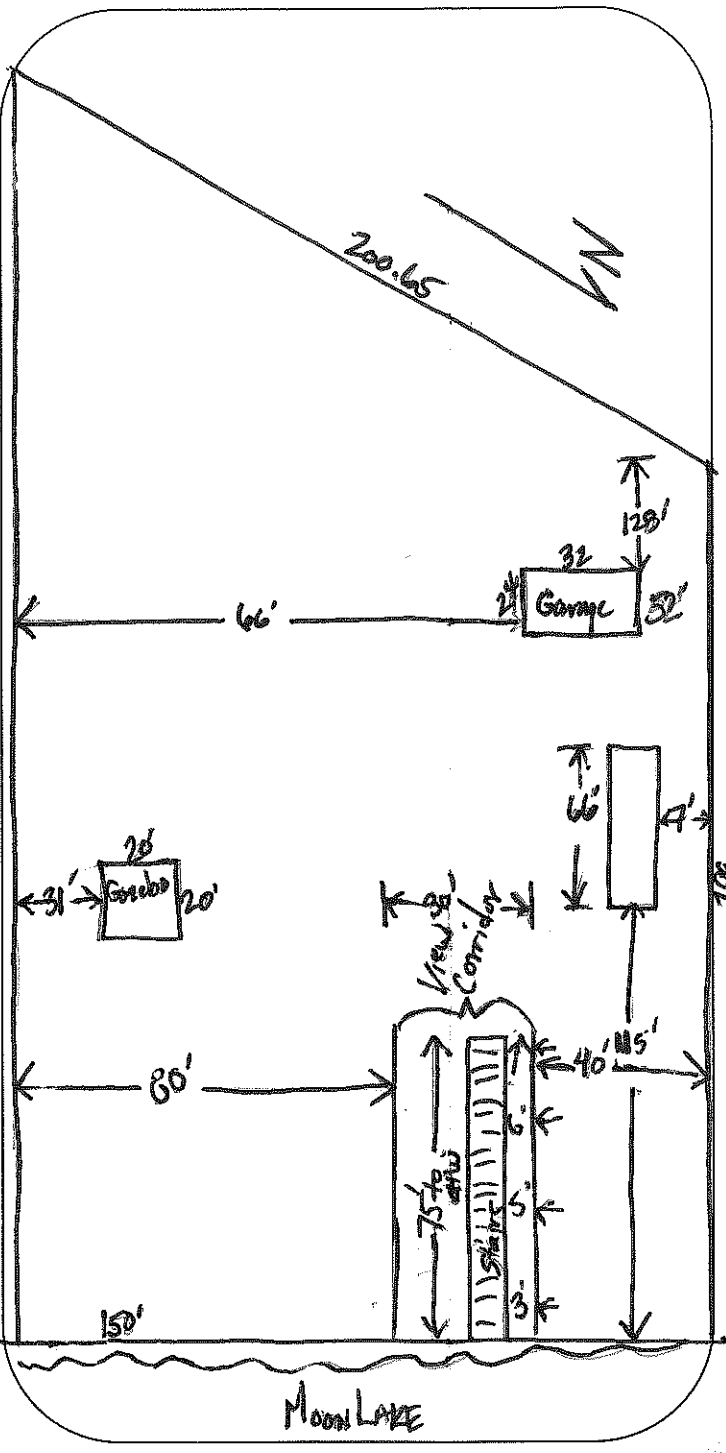
- (1) Show Location of:
- (2) Show / Indicate:
- (3) Show Location of (\*):
- (4) Show:
- (5) Show:
- (6) Show any (\*):
- (7) Show any (\*):

- Proposed Construction**
- North (N) on Plot Plan
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (\*) Wetlands; or (\*) Slopes over 20%

\* Sketch not to Scale

Proposed View Corridor Flagged - PINK

Proposed stairs Flagged - YELLOW



Please complete (1) - (7) above (prior to continuing)

402'

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | Feet        | Setback from the Lake (ordinary high-water mark) | Feet        |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | Feet        |
| Setback from the North Lot Line             | Feet        | Setback from the Bank or Bluff                   | Feet        |
| Setback from the South Lot Line             | Feet        | Setback from Wetland                             | Feet        |
| Setback from the West Lot Line              | Feet        | 20% Slope Area on property                       | Feet        |
| Setback from the East Lot Line              | Feet        | Elevation of Floodplain                          | Feet        |
| Setback to Septic Tank or Holding Tank      | Feet        | Setback to Well                                  | Feet        |
| Setback to Drain Field                      | Feet        |  |             |
| Setback to Privy (Portable, Composting)     | Feet        |  |             |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| <b>Issuance Information (County Use Only)</b>   |  | Sanitary Number:   |  | # of bedrooms:   |  | Sanitary Date:   |  |
| Permit Denied (Date):   |  | Reason for Denial:                                       |  |  |  |  |  |
| Permit #: 16-0073   |  | Permit Date: 8-25-16                                     |  |  |  |  |  |
| Is Parcel a Sub-Standard Lot  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Is Parcel in Common Ownership   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Is Structure Non-Conforming   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Granted by Variance (B.O.A.)  |  | Case #:  |  | Previously Granted by Variance (B.O.A.)                  |  | Case #:  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Was Parcel Legally Created  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Were Property Lines Represented by Owner                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Was Proposed Building Site Delineated   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Was Property Surveyed                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Inspection Record: "Gazebo" is very close to be "habitable". See photo.   |  |  |  | Zoning District ( )                                      |  | Date of Re-Inspection:                                   |  |
| Date of Inspection: 8-16-16   |  | Inspected by: J. Robinson Murphy                         |  |  |  |  |  |
| Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)   |  |  |  |  |  |  |  |
| NEAR ACCESSORY STRUCTURE, PERMITTED IN 2014, SHOULD BE USED FOR SLEEPING PURPOSES UNLESS PERMIT TO CONVERT USE IS ISSUED BY COUNTY. STAIRWAY SHALL BE INSTALLED USING BEST MAINTENANCE PRACTICES. |  |  |  |  |  |  |  |
| Signature of Inspector:   |  |  |  | Date of Approval: 8-25-16.                               |  |  |  |
| Hold For Sanitary: <input type="checkbox"/>   |  | Hold For TOL: <input type="checkbox"/>                   |  | Hold For Affidavit: <input type="checkbox"/>             |  | Hold For Fees: <input type="checkbox"/>                  |  |

FOR SHORELAND EROSION + SHALL DISTURB AS LITTLE AS POSSIBLE DURING INSTALLATION.

AMT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
JUL 29 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0874  
Date: 8-25-16  
Amount Paid: \$894  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|  |  |  |  |   |  |  |                                 |   |  |
|--|--|--|--|---|--|--|---------------------------------|---|--|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE                  |  | <input type="checkbox"/> SANITARY  |  | <input type="checkbox"/> PRIVY  | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE   | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER  |  |
| Owner's Name: <u>Chuck Bayfield</u>  |  | Mailing Address: <u>1924 W. Magdon St. Dith, MN 55811</u>  |  | City/State/Zip: <u>218-348-2065</u>   |  | Telephone: _____   |                                 |   |  |
| Address of Property: <u>65445 Milcent Point Dr.</u>                                      |  | City/State/Zip: <u>Iron River, WI 54847</u>  |  | Cell Phone: <u>218-348-2065</u>   |  | Plumber Phone: <u>715-682-6050</u>   |                                 |   |  |
| Contractor: <u>Ideal Homes</u>   |  | Contractor Phone: <u>218-387-3335</u>  |  | Plumber: <u>Blateman</u>  |  | Plumber Phone: <u>715-682-6050</u>   |                                 |   |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Thom Reistad</u> |  | Agent Phone: <u>218-591-1180</u>   |  | Agent Mailing Address (include City/State/Zip): <u>3680 Alan Svecson Dr, Benning MN</u> |  | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                 |   |  |
| PROJECT LOCATION: <u>NE 1/4, SE 1/4</u>  |  | Legal Description: (Use Tax Statement)   |  | Recorded Document: (i.e. Property Ownership)  |  | Page(s) _____  |                                 |   |  |
| Gov't Lot: <u>2</u>  |  | Lot(s): <u>2</u>   |  | CSM: <u>1769</u>  |  | Vol & Page: <u>1769</u>  |                                 | Block(s) No. _____  |  |
| Section: <u>28</u> , Township: <u>47</u> N, Range: <u>08</u> W                           |  | Town of: <u>Iron River</u>   |  | Lot Size: _____   |  | Acres: <u>1.71</u>   |                                 |   |  |
| <input type="checkbox"/> Shoreland →   |  | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u> |  | Distance Structure is from Shoreline: _____ feet  |  | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                 | Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <input type="checkbox"/> Non-Shoreland   |  | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage   |  | Distance Structure is from Shoreline: <u>50</u> feet                                    |  |  |                                 |   |  |

|  |  |  |                                       |  |  |  |
|--|--|--|---------------------------------------|--|--|--|
| Value at Time of Completion<br>* include donated time & material<br><u>\$348,191</u> | Project                                      | # of Stories and/or basement                   | Use                                   | # of bedrooms  | What Type of Sewer/Sanitary System Is on the property? | Water                                    |
| <input checked="" type="checkbox"/> New Construction                                 | <input checked="" type="checkbox"/> 1-Story  | <input type="checkbox"/> Seasonal              | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City                          | <input type="checkbox"/> (New) Sanitary                | <input type="checkbox"/> City            |
| <input type="checkbox"/> Addition/Alteration   | <input type="checkbox"/> 1-Story + Loft      | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2            | <input type="checkbox"/> (New) Sanitary                          | Specify Type: _____                                    | <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Conversion  | <input type="checkbox"/> 2-Story             | <input type="checkbox"/>                       | <input type="checkbox"/> 3            | <input checked="" type="checkbox"/> Sanitary (Exists)            | Specify Type: <u>Septic</u>                            | <input type="checkbox"/>                 |
| <input type="checkbox"/> Relocate (existing bldg)                                    | <input checked="" type="checkbox"/> Basement | <input type="checkbox"/>                       | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) |  | <input type="checkbox"/>                 |
| <input type="checkbox"/> Run a Business on Property                                  | <input type="checkbox"/> No Basement         | <input type="checkbox"/>                       | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)           |  | <input type="checkbox"/>                 |
| <input type="checkbox"/>   | <input type="checkbox"/> Foundation          | <input type="checkbox"/>                       | <input type="checkbox"/> None         | <input type="checkbox"/> Compost Toilet                          |  | <input type="checkbox"/>                 |

|   |                   |                  |                     |
|---|-------------------|------------------|---------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: <u>44</u> | Width: <u>28</u> | Height: <u>27.6</u> |
| Proposed Construction:  |                   |                  |                     |

|   |  |                    |                                |                |
|---|--|--------------------|--------------------------------|----------------|
| Proposed Use  | ✓  | Proposed Structure | Dimensions                     | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> Principal Structure (first structure on property)                                | <u>2-story</u>     | <u>(28 x 44)</u>               | <u>2464</u>    |
| <input type="checkbox"/> Commercial Use             | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)   |                    | <u>( ) x ( )</u>               |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/> with Loft   |                    | <u>( ) x ( )</u>               |                |
|   | <input type="checkbox"/> with a Porch  |                    | <u>( ) x ( )</u>               |                |
|   | <input type="checkbox"/> with (2 <sup>nd</sup> ) Porch   |                    | <u>( ) x ( )</u>               |                |
|   | <input type="checkbox"/> with a Deck   |                    | <u>(10 x 20)</u>               | <u>200</u>     |
|   | <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck  |                    | <u>( ) x ( )</u>               |                |
|   | <input type="checkbox"/> with Attached Garage  |                    | <u>open structure</u>          |                |
|   | <input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) |                    | <u>on separate application</u> |                |
|   | <input type="checkbox"/> Mobile Home (manufactured date)   |                    | <u>not approved</u>            |                |
|   | <input type="checkbox"/> Addition/Alteration (specify)   |                    | <u>ex from application</u>     |                |
|   | <input type="checkbox"/> Accessory Building (specify)  |                    | <u>( ) x ( )</u>               |                |
|   | <input type="checkbox"/> Accessory Building Addition/Alteration (specify)  |                    | <u>( ) x ( )</u>               |                |
|   | <input type="checkbox"/> Special Use: (explain)  |                    | <u>( ) x ( )</u>               |                |
|   | <input type="checkbox"/> Conditional Use: (explain)  |                    | <u>( ) x ( )</u>               |                |
|   | <input type="checkbox"/> Other: (explain)  |                    | <u>( ) x ( )</u>               |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I, Thom Reistad, (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspecting the same.

Owner(s): Thom Reistad Date: 7/20/16

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on Your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attached site plan.

APPROVED BY DNR. PER ORDER  
APPROVED BY ONE / OWNER  
APPROVED BY COURT ORDER  
9.20.01

Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Setback distances per email forwarded dated 8-5-16  
Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement | Description                                      | Measurement  |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | 1300 Feet   | Setback from the Lake (ordinary high-water mark) | 50 Feet  |
| Setback from the Established Right-of-Way   | 1300 Feet   | Setback from the River, Stream, Creek            | Feet   |
|   |             | Setback from the Bank or Bluff                   | Feet   |
| Setback from the North Lot Line             | 96 Feet     |  |  |
| Setback from the South Lot Line             | 72 Feet     | Setback from Wetland                             | 50 Feet  |
| Setback from the West Lot Line              | 300 Feet    | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 50 Feet     | Elevation of Floodplain                          | Feet   |
| Setback to Septic Tank or Holding Tank      | 50 Feet     | Setback to Well                                  | 30 Feet  |
| Setback to Drain Field                      | 40 Feet     |  |  |
| Setback to Privy (Portable, Composting)     | Feet        |  |  |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

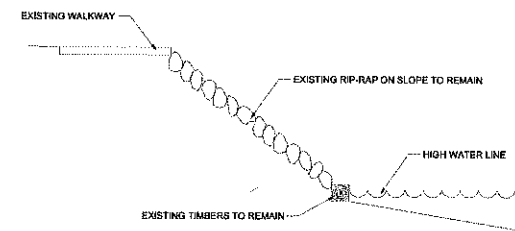
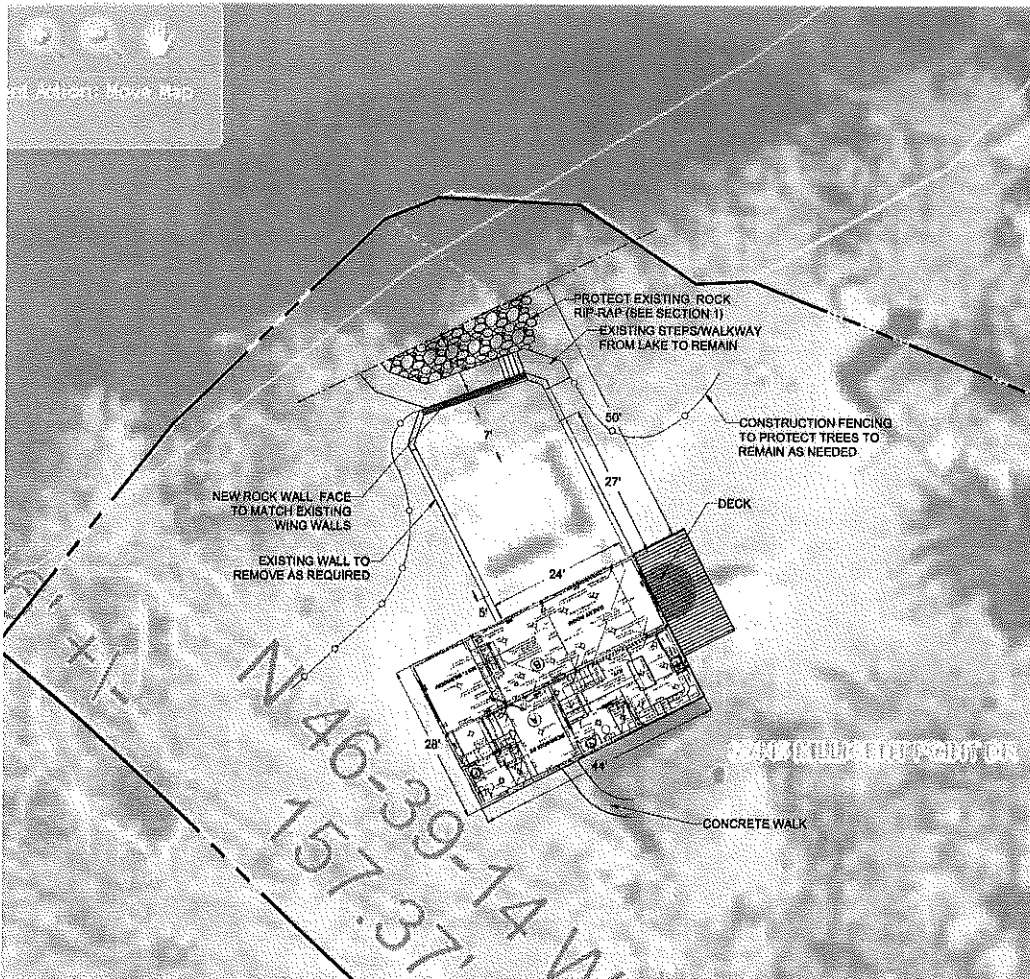
- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|  |   |   |   |   |
|--|---|---|---|---|
| <b>Issuance Information (County Use Only)</b>  |   | Sanitary Number: 387511   | # of bedrooms: 4                        | Sanitary Date: 2001   |
| Permit Denied (Date):  |   | Reason for Denial:  |   |   |
| Permit #: 16-0874  | Permit Date: 8-25-16  | previous mitigation + affidavit                                     |   |   |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes (Deed of Record)                       | <input checked="" type="checkbox"/> No                              | Mitigation Required                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes (Fused/Contiguous Lots)                | <input checked="" type="checkbox"/> No                              | Mitigation Attached                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |   |
| Grandfathered by Variance (B.O.A.)   |   | Previously Granted by Variance (B.O.A.) Court order case # 04 CV 46 |   |   |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner                            |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Proposed Building Site Delineated  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed   |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Inspection Record: repeated several times, once w/ Director  |   | Zoning District (Z-1)   |   |   |
| Date of Inspection: 5-5-16   |   | Inspected by: J. Moore  |   | Date of Re-Inspection:  |
| Condition(s) Town, Committee or Board Condition Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) |   | Lakes Classification (1. Mitigation)                                |   |   |
| per conditions of court order case # 04 CV 46.   |   |   |   |   |
| Signature of Inspector:  |   | Date of Approval: 8-24-16   |   |   |
| Hold For Sanitary: <input checked="" type="checkbox"/>   | Hold For TPA: <input type="checkbox"/>                              | Hold For Affidavit: <input type="checkbox"/>                        | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/>  |



1 EXISTING RIP RAP SECTION  
SCALE: NOT TO SCALE

**SAS**

LANDSCAPE ARCHITECTURE

**+ ASSOCIATES**

WWW.SASLANDARCH.COM

210 WEST FIRST STREET, SUITE 350  
DULUTH, MN 55802  
(P) 218.391.1335  
(F) 218.722.6697

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**AL-KUWARI RESIDENCE**  
IRON RIVER, WISCONSIN

REVISIONS

5/17/2016



Sheet Key

Drawn from  
**PROPOSED  
SITE PLAN**

Date: 7/20/2016

Drawn By: LWS

Checked By: LWS

Project Number: 16100

Sheet Number: L-2



|                           | Proposed Construction  |
|---------------------------|--|
| (1) Show location of:     | North (N) on Plot Plan   |
| (2) Show / Indicate:      | (*) Driveway and (*) Frontage Road (Name Frontage Road)  |
| (3) Show location of (*): | All Existing Structures on your Property   |
| (4) Show:                 | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (5) Show any (*):         | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond   |
| (6) Show any (*):         | (*) Wetlands; or (*) Slopes over 20%   |
| (7) Show any (*):         |  |



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marked by a licensed surveyor at the owner's expense.

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The local Town, Village, City, State or Federal agencies may also require permits.

28 January 2012